

United States District Court  
Violation Notice

(Rev. 1/2011)

Location Code	Violation Number	Officer Name (Print)	Officer No.
EC62	9630404	Edwards	5204

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense	Offense Charged	CFR	USC	State Code
07/12/2021 08:09	36 CFR 2.35(b)(2)			

Place of Offense

Oregon Inlet Campground  
possession of a controlled substance  
marijuana

HAZMAT

DEFENDANT INFORMATION

Phone: (804) 547-1746

Last Name	First Name	M.I.
Bradshaw	Alexander	D.

Street Address

[REDACTED]

VEHICLE

VIN: JM1BM1W76F1223850 CMV

Tag No.	State	Year	Make/Model	PASS	Color
UFH-4737	VA		Mazda Mi. Gray		

APPEARANCE IS REQUIRED		APPEARANCE IS OPTIONAL	
A <input checked="" type="checkbox"/>	If Box A is checked, you must appear in court. See instructions.	B <input type="checkbox"/>	If Box B is checked, you must pay the total collateral due or in lieu of payment appear in court. See instructions.
MA		\$	Forfeiture Amount
			+ \$30 Processing Fee
		\$	Total Collateral Due

YOUR COURT DATE  
(If no court appearance date is shown, you will be notified of your appearance date by mail.)

Court Address

[REDACTED]

Date

Time

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or in lieu of appearance pay the total collateral due.

X Defendant Signature

Original CVB Copy



\*9630404\*

United States District Court  
Violation Notice

(Rev. 1/2019)

Location Code	Violation Number	Officer Name (Print)	Officer No.
1162	9630403	Edwards	5204

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense	Offense Charged <input type="checkbox"/> CFR <input type="checkbox"/> USC <input type="checkbox"/> State Code
07/12/2021 08:09	36 CFR 2.35(b)(2)

Place of Offense

Oregon Inlet Campground  
Offense Description: Factual Basis for Charge

HAZMAT

Possession of a Controlled Substance

- marijuana

ccp

DEFENDANT INFORMATION	Phone: (703) 851-1730
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Last Name	First Name	M.I.
Kennedy Small	Jessica	N.

Street Address
C
D

Adult <input type="checkbox"/> Juvenile <input type="checkbox"/>	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Hair <input type="checkbox"/> BRO <input checked="" type="checkbox"/> GKN	Eyes <input type="checkbox"/> 5'4" <input checked="" type="checkbox"/> 5'4" / <input type="checkbox"/> 132	Height <input type="checkbox"/> Weight <input type="checkbox"/>
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VEHICLE	VIN: JM1BM1W74F1223850 CMV <input type="checkbox"/>
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Tag No.	State	Year	Make/Model	PASS <input type="checkbox"/>	Color
UFH 4737	VA		Monda M3		Gray

APPEARANCE IS REQUIRED		APPEARANCE IS OPTIONAL	
<input checked="" type="checkbox"/> If Box A is checked, you must appear in court. See instructions.  <i>MA</i>		<input type="checkbox"/> If Box B is checked, you must pay the total collateral due or in lieu of payment appear in court. See instructions.  \$ <input type="checkbox"/> Forfeiture Amount \$ <input type="checkbox"/> + \$30 Processing Fee \$ <input type="checkbox"/> Total Collateral Due	

YOUR COURT DATE (If no court appearance date is shown, you will be notified of your appearance date by mail.)	
Court Address	Date
	Time

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X Defendant Signature

Original - CVB Copy



\*9630403\*